



Missouri Department of Health and Senior Services

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Ronald W. Cates
Interim Director



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Governor

Dear Reader:

The Missouri Division of Senior Services is pleased to present the second edition of the Division of Senior Services Annual Report. This report combines information previously contained in the "Elder Abuse, Neglect, and Exploitation Annual Report" and the "Missouri Care Options Annual Report." Material in this report covers program and service activities for State Fiscal Year 2002 (July 1, 2001 through June 30, 2002).

The information provided in this report includes data for the Division of Senior Services, Home and Community Based Services only. The Division of Senior Services provides services to seniors ages 60 years and above, and adults with disabilities ages 18 to 59. We hope this report will be useful to anyone interested in Missouri Care Options clients, in-home services clients, and the issue of abuse, neglect, exploitation, and services and programs which are designed to keep individuals in home and community based settings as long as possible.

Elder abuse is a widespread problem affecting hundreds of thousands of elderly people across the country. However, it is believed to be largely under-reported because of shame and the shroud of family secrecy. Some experts estimate that as few as 1 out of 14 elder abuse incidents come to the attention of authorities, and reports received by the Division of Senior Services represent only a small portion of this large problem.

Questions about this report should be directed to the Department of Health and Senior Services, Division of Senior Services at (573) 526-3626.

Sincerely,

Linda T. Allen, Ph.D.
Director
Division of Senior Services

**Department of Health
and Senior Services**

**Division of Senior Services
Annual Report
FY2002**

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CONTENTS

Division of Senior Services Annual Report

Introduction to Senior Services, Statutory Authority, Clients Profile.....	Page 2
Office of Director.....	Page 3
Section for Home and Community Services	Page 4
Bureau of Senior Programs & the Area Agencies on Aging	Page 5
Bureau of Quality Assurance.....	Page 6
Program and Policy Development Unit.....	Page 7
Elder Abuse Hotline/Information Line	Page 8
Adult Protective Services	
Reporters and Initial Reports	Page 9
Classification of Reports	Page 10
Nature of Allegations, Investigation and Investigative Findings	Page 11
Completed Investigative Findings	Page 12
Referrals, Resolutions & Services	Page 13
Source & Nature of Abuse/Neglect/Victim Demographics.....	Page 14
Perpetrator Demographics.....	Page 15
Missouri Care Options and In-Home Services	
Pre-Long Term Care Screenings (PLTCS)	Page 16
MCO and State Funded In-Home Services	Page 17
Definitions of In-Home Services	Page 18
In-Home Services Outcomes, Clients, and Annual Expenditures.....	Page 19
FY02 Long-Term Care Cost	
Nursing Home Care and Home and Community Based Care.....	Page 20
Medicaid Expenditures, Cost of Long Term Care.....	Page 21
Appendix	
A Resource Agencies.....	Page 22
B Definitions and Acronyms.....	Page 24
C In-Home Services Unit Rate Chart	Page 25
D Mandated Reporters	Page 26
E FY02 Reporter Relationship to Victim	Page 27
F FY02 Hotline Reports by County.....	Page 28
G FY02 Investigative Findings by County.....	Page 30
H FY02 PLTCS Referral Outcomes by County.....	Page 33
I Missouri Family Caregiver Support Program	Page 36
J Area Agencies on Aging Profile of Services Provided.....	Page 37
K Senior Services Regional Offices Map	Page 38
L Area Agencies on Aging Map	Page 39

Division of Senior Services

The Division of Senior Services (DSS) is the central state agency charged with coordinating matters relating to the lives of Missouri's elderly and adults with disabilities living in the home or community. Through the administration of state and federal community-based programs, the division seeks to ensure that individuals remain independent and safe in their homes and communities. The division advises legislators, advocates, state agencies, and other organizations and individuals regarding services and resources available to support this function. Most older adults who are ill or have a disability can remain in the community and avoid or delay institutionalization with the help of support services. DSS administers a coordinated, integrated home and community service delivery system to assure that the needs of Missouri's elderly and adults with disabilities are met. The primary funding sources for services and programs operated within DSS are General Revenue, Medicaid, Social Services Block Grant, and the Older Americans Act. Through a combination of these programs, over 100,000 elderly and persons with disabilities receive help each year.

Senior Services Statutory Authority and Regulation Citation

- 660.053-660.320, RSMo (Adult Protective Services);
- 565.002-570.145, RSMo (Crime of Elder Abuse);
- 198.003-198.186, RSMo (Omnibus Nursing Home Act);
- 570.145, RSMo (Crime of Financial Exploitation);
- Title 19 Division 15 Code of State Regulation (CSR) addresses the authority for the Division of Senior Services.

Senior Services Client Profile

The Division of Senior Services (Elder Abuse Hotline) serves seniors age 60 and over, and adults with disabilities, ages 18-59, who are:

- Reported to the Central Registry Unit, Elder Abuse Hotline as being a potential victim of abuse, neglect, or financial exploitation;
- Reported to the Central Registry Unit, Elder Abuse Hotline to be an in-home services client alleged to be a victim of abuse, neglect, or misappropriation of funds or property;
- Referred to the Central Registry Unit, to be an individual who is considering long term care and needs information about care options in Missouri through a pre-long term care screening; or
- Assessed by DSS staff to need in-home services to prevent premature institutionalization or to guard against potential abuse, neglect, or financial exploitation.

Eligibility for Services funded through the Older Americans Act

- Adults age 60 or older; and
- Determined to be in greatest social or economic need.

Adults with disabilities, ages 18-59, are eligible for some services offered through the Area Agencies on Aging (AAAs) using state or other funding sources.

Office of the Director

The Office of the Director is primarily responsible for the administration of programs for non-institutionalized elderly and adults with disabilities ages 18-59 in Missouri. In fulfilling these requirements, the director:

- Provides information and advice to the Deputy Department Director and information to the Board of Senior Services about issues pertaining to seniors and adults with disabilities;
- Fulfills the responsibilities of the State Unit on Aging as designated in the Older Americans Act;
- Serves on the Personal Independence Commission as the department representative for issues related to the care delivery system of home and community-based care in Missouri;
- Acts as the liaison for the department to the Governor's Advisory Council on Aging;
- Responds to proposed legislation and legislative issues regarding seniors and adults with disabilities living in the home or community;
- Ensures staff responsibility for decisions, including communication and feedback from clients, employees and the public;
- Gives leadership to the development and implementation of policy and program initiatives to improve access, quality of care, service delivery, and staff development;
- Promotes service integration and collaboration with state agencies and community-based social service agencies;
- Approves public information regarding the division's role in serving seniors and adults with disabilities;
- Allocates Social Services Block Grant (SSBG) and General Revenue (GR) funds for the Home and Community In-Home Services Program;
- Provides direction and oversight to managers and staff employed by the division; and
- Monitors operations and expenditures to ensure cost effectiveness and program efficiency.

The Division Director's Office consists of the Office of the Deputy Division Director and Assistant Deputy Director in charge of division-wide training, the Financial Officer and staff responsible for fiscal functions, the Designated Principal Assistant to the Director, and a Consultant Community Health Nurse responsible for the clinical integrity of the division.

Four major program subdivisions are located within the Office of the Director:

- Section for Home & Community Services;
- Bureau of Senior Programs;
- Bureau of Quality Assurance; and
- Program and Policy Development Unit.

Section for Home and Community Services

The Home and Community Services (HCS) Section has ten geographical regions in Missouri grouped into seven regional field operations offices located in St. Louis, Kansas City, Springfield, Cape Girardeau, two in Columbia, and St. Joseph (Appendix K). Professionally trained social service workers, community health nurses, and long-term care specialists serve each of the state's 114 counties, plus the city of St. Louis. Staff under the direction of the HCS Section Chief primarily respond to the following charges:

- Investigate all reports of elder abuse, neglect, and exploitation of non-institutionalized eligible adults;
- Investigate reports of abuse, neglect, and exploitation of nursing facility residents when the perpetrator named in the report lives outside the facility.
- Intervene on behalf of eligible adults believed to be at risk of injury or harm, including preparing cases for litigation based on investigative findings;
- Conduct pre-long term care screenings (PLTCS) for individuals meeting MCO criteria (i.e., is medically eligible for nursing facility care, eligible or potentially Medicaid eligible, and considering long-term care) and provide information about available care options. PLTCS are intended to assure that potential recipients of state-funded long-term care services have information sufficient to choose the care setting most appropriate to meet their care needs;
- Provide case management services to individuals requiring assistance to remain in their homes, including intake and screening, assessments, service planning and authorization of in-home services, monitoring, reassessment, and assist with discharge planning;
- Coordinate state (SSBG/GR) and Medicaid funded in-home services, home health, and community resources on behalf of clients to strengthen the support system necessary to maintain independence;
- Develop and maintain services and policies which assure the maximum degree of dignity and independence for the elderly and eligible adults with disabilities in Missouri; and
- Authorize in-home services to be delivered in accordance with established service standards and client choice as a safeguard for vulnerable adults at risk of elder abuse or premature nursing facility placement.

Significant Data:	FY98	FY99	FY00	FY01	FY02
Total HCS Customers	63,054	65,491	65,887	67,359	67,421
In-Home Services Clients	45,069	47,009	49,039	50,389	50,213
Pre-Long Term Care Screenings	23,970	24,287	24,775	23,762	20,435
Hotline Reports	13,386	14,099	14,732	15,718	15,331
Hotline Investigations	11,761	12,467	12,572	12,733	12,976
Average Monthly Number of Protective Services Clients	3,690	3,219	3,142	3,225	3,477

Bureau of Senior Programs

The Bureau of Senior Programs is responsible for ensuring effective and efficient management of state and local activities authorized through the Older Americans Act (OAA) and supplemented through state funding. In accordance with the requirements of the 1973 OAA amendment the state is divided into planning and service areas designated as the Area Agencies on Aging (AAAs). The AAAs provide local leadership in the development and implementation of programs and services for seniors at the local level. Services funded through the OAA are available to all seniors (age 60 and over) who are of greatest social or economic need with special emphasis on serving low income and minority seniors.

Bureau of Senior Programs Staff

- Conduct annual monitoring, review of program design, and service provision for compliance with state and federal policies and regulations;
- Review and approve AAA area plans for compliance with the requirements of the OAA and state regulations; compile the Missouri state plan for submission and approval by the Administration on Aging, offer assurances mandated under the OAA to secure federal funding for Missouri; and
- Provide training and technical assistance to AAA staff and respective boards upon request, regarding new developments in the aging field, and federal and state policies and procedures.

Area Agency on Aging Service Areas

Missouri has ten AAA planning and service areas responsible for providing services within specifically defined geographic boundaries. AAA offices are located in Springfield, Cape Girardeau, Warrensburg, Albany, Kirksville, Columbia, Kansas City, Manchester, St. Louis, and Joplin (Appendix L). Each AAA tailors its services and contracts to fit the local needs of seniors within their respective planning and service areas. The ten AAA offices plan and coordinate programs and services for senior citizens and are required to:

- ▲ Submit an annual area plan to the division which outlines the use of state, federal, and local funds, which must be reviewed and approved by DSS prior to distribution of funds designated for the provision of services;
- ▲ Administer a nutrition program that includes congregate meals, home-delivered meals and nutrition education activities;
- ▲ Offer access services (transportation, information and assistance, and general outreach /advocacy services, legal services, case management and in-home services (homemaker chore, personal care, and respite);
- ▲ Provide disease prevention and health promotion activities, develop and implement services designed to support family caregivers (information and assistance, counseling, support groups, caregiver training, respite and supplemental support services), services designed to support the employment of older workers, provide ombudsman services and information about the prevention of abuse, neglect, and exploitation of seniors; and
- ▲ Provide additional services unique to the planning and service area such as minor home modification, counseling, adult day care, friendly visiting, telephone reassurance, and volunteer recruitment. (Appendix I and J).

Bureau of Quality Assurance

The Bureau of Quality Assurance is responsible for conducting quality assurance reviews, revisits, complaint investigations, and providing technical assistance to in-home services providers and counselors that provide services to clients of DSS. Services are funded through Medicaid, Social Services Block Grant, and General Revenue. The in-home services providers are authorized to deliver services to individuals in the home and community including homemaker chore, personal care, nurse visits, respite, and advanced personal care services.

Primary responsibilities of the bureau staff include:

- Review providers on-site to determine compliance with state and federal laws and regulations, which intend to set minimum standards for quality of care delivered to in-home clients;
- Receive and review proposal packets for entities that desire to obtain a contract with the department to deliver in-home services;
- Issue new contracts between the provider and the Department of Health and Senior Services to deliver services for the elderly and adults with disabilities;
- Review provider files/records and conduct interviews with provider staff to determine the effectiveness and compliance of services delivered to Home and Community Services clients;
- Investigate specialized complaints regarding in-home providers that are reported to the Bureau of Quality Assurance;
- Conduct quarterly training sessions for potential providers that includes information regarding the purpose of in-home services and the mission of the division; and
- Participate in quarterly education sessions held throughout the state for provider staff.

Significant Data:	FY98	FY99	FY00	FY01	FY02
Providers Under Department Contract	255	333	370	375	374
Providers Monitored for Compliance	156	187	175	120	120
Technical Assistance Visits	53	97	30	52	19
Complaint Investigations	46	184	385	250	302

Program and Policy Development Unit

Programs and services administered by DSS are governed by state and federal laws, rules, and regulations. The Program and Policy Development Unit is responsible for the interpretation, development, implementation and maintenance of Missouri policies and regulations regarding senior services staff. Policies which govern the provision of in-home services are developed in compliance with the state and federal requirements, the state plan personal care program administered by the Division of Medical Services, and the assurances offered under the Medicaid Aged and Disabled Waiver. Staff within the unit:

- Promulgate rules for program initiatives authorized through the General Assembly;
- Provide interpretive guidelines to managers, Home and Community Services (HCS) staff and service providers;
- Interpret rules and policies governing the in-home services providers who have a participation agreement with the department;
- Assist with training HCS staff, managers, and providers regarding policy revisions and new program initiatives;
- Oversee implementation of programs, developing and revising operational policies, and revise, amend or rescind regulations (CSR) as necessary to maximize staff resources and quality of care to recipients;
- Conduct statistical analysis of data regarding the authorization and delivery of in-home services, screenings, abuse and neglect reports, investigations, and findings;
- Assist in developing program data necessary to provide an accurate response to proposed legislation and budget decision items;
- Compile and analyze data regarding all aged or disabled clients that are authorized for in-home services by DSS HCS staff; and
- Act as a liaison with state and federal agencies/departments/divisions that have a common mission of working with elderly and/or disabled residents in Missouri to ensure their health, safety, and welfare in the least restrictive care setting.

Long-Term Alternative Care Subsystem (LTACS)

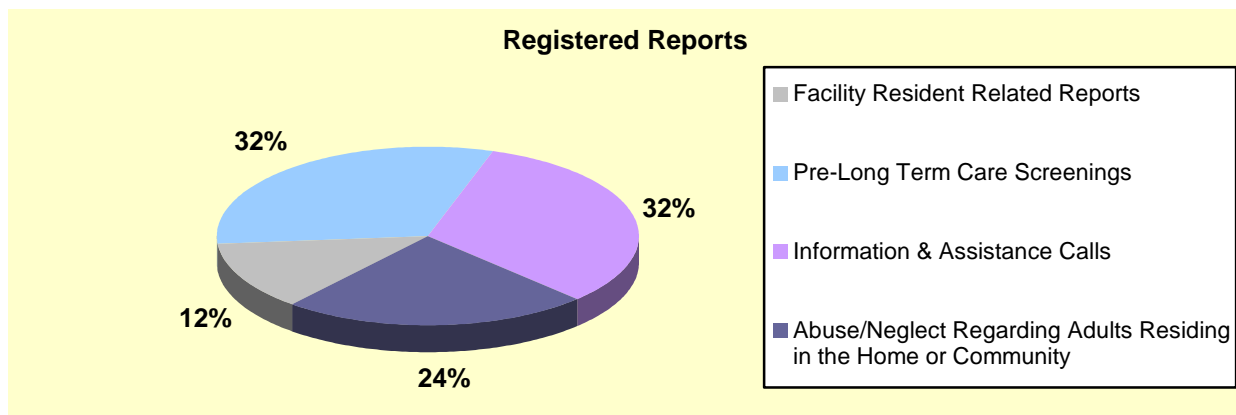
Also a part of the Program and Policy Development Unit, the LTACS or payment unit is responsible for the reimbursement for providers delivering care authorized by the HCS staff. Responsibilities include:

- Provide technical assistance and training to division staff, managers, and providers regarding data screens, data entry problems, and respond to inquiries concerning mainframe and payment issues;
- Oversee the production of management reports, including special data requests;
- Process invoices submitted for payment to the division (approximately \$14M last FY);
- Conduct research regarding payment or authorization problems for contracted providers; and
- Propose and implement system enhancements and automation initiatives to maximize effectiveness and efficiency of the authorization and payment procedures as well as the integrity of the data stored in the LTACS subsystem (service authorization; payment reporting).

Elder Abuse, Neglect, and Exploitation Hotline [1-800-392-0210] Information and Referral Line [1-800-235-5503]

In October 1980, a statewide hotline was established to accept reports alleging abuse, neglect, or financial exploitation of elderly adults and register those reports in a central location, the Central Registry Unit (CRU). In 1987, revised legislation expanded the mandate to include protection of adults with disabilities. The toll free hotline operates 24-hours each day. Additionally, local staff receive calls regarding elder abuse at the local office and registers those reports into the CRU.

In addition to receiving calls regarding alleged abuse, neglect, and exploitation (A/N/E) of eligible adults, the CRU receives pre-long term care screening referrals, information and assistance calls often resulting in referrals to other agencies; and facility resident related calls including regulation violations for facilities licensed by DHSS, abuse of nursing facility residents, and self-reports by facility administrators regarding incidents within the facility.



- During fiscal year 2002, CRU registered 64,827 reports:
 - Approximately 32% were pre-long term care screening referrals regarding individuals considering nursing facility care—a decrease of 14% since FY01.
 - Just under one-third (32%) of the reports registered by CRU were for information requests and referrals to other agencies. Requests or referrals may include information about Area Agencies on Aging (AAA), Alzheimer’s information and support group referrals; heat crisis and cooling center information; referrals to local DSS offices; and, referrals to other agencies. During fiscal year 2002, the CRU received 20,972 information requests and referrals to other agencies.
 - Over 20% of registered reports included hotline calls alleging abuse, neglect, or exploitation of individuals living in home or community-based settings. The state experienced a 2.5% decrease in the number of hotlines registered in FY02.
 - The remainder of the hotline calls (8,089) received by the CRU and registered as reports, involve reports concerning nursing or residential care facility residents.
 - Since the inception of the hotline, approximately 322,783 total abuse, neglect, and exploitation reports have been registered into the Central Registry Unit (1980-2002).

Adult Protective Services

Each year across the nation, thousands of elderly become victims of abuse, neglect, and exploitation. In accordance with state statute, DSS investigates incidents of alleged maltreatment of vulnerable adults in an effort to protect against injury or harm resulting from abuse, neglect, and exploitation. Adult Protective Services include an array of services provided by public and private agencies to assist adults who are no longer able to protect his/her own interests or to access services necessary to meet the essential activities of daily living. The role of the division is to investigate reports, refer to and assist law enforcement in criminal investigations, provide crisis intervention services, and develop a protective service plan to maximize the safety of the reported adult.

Reporters

Missouri law mandates certain professionals who provide care or services to seniors and adults with disabilities to report any circumstances which would cause someone to suspect an eligible adult may be a victim of abuse, neglect, or exploitation (A/N/E) (Appendix D). In fiscal year 2002, over half of the home and community A/N/E reports were from mandated reporters. Health care professionals, such as doctors, nurses, and hospital social services employees provided 23.6 percent of reports (Appendix E).

Initial Reports

“Report” refers to a call in which an individual, the reporter, registers allegations of abuse, neglect, or financial exploitation of an eligible adult. (Appendix F). The intake worker (CRU or local staff) requests the following information from the reporter:

- name, address, and telephone number of the victim;
- name, address, and telephone number of other persons significant to the victim;
- nature and extent of the victim’s condition or nature of the abuse, neglect, or exploitation;
- name of the reporter (which is protected as confidential);
- summary of the allegation and degree of potential injury or harm; and
- identity of the perpetrator (when applicable).

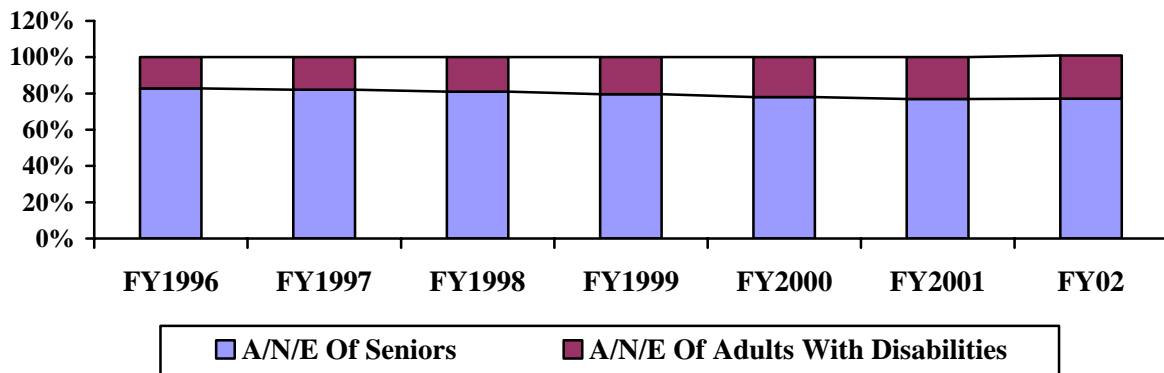
The division investigates any allegation of physical abuse and/or neglect, including medical abuse or neglect, verbal abuse, financial neglect, fiduciary abuse, and financial exploitation. Although there are various classifications of allegations that may be contained in a report, circumstances usually fall into one of six major categories: physical abuse, physical neglect, emotional abuse, emotional neglect, financial exploitation, or financial neglect. Reports generally involve more than one problem and an investigation may uncover problems not contained in the original report.

Reports regarding adults living in the home and community have decreased 2.3% in fiscal year 2002. Home and community hotline reports naming a younger adult with disabilities victim has decreased 2.5% as well in fiscal year 2002.

**Initial Reports of Abuse, Neglect, and Exploitation
Regarding Seniors and Adults with Disabilities
Living in the Home or Community
(Includes Percent of Annual Change)**

	Seniors		Adults with Disabilities		Total	
FY98	10,833	4.7%	2,553	11.9%	13,386	6.0%
FY99	11,209	3.5%	2,890	13.2%	14,099	5.3%
FY00	11,477	2.4%	3,255	12.6%	14,732	4.5%
FY01	12,117	5.6%	3,601	10.6%	15,718	6.7%
FY02	11,834	-2.3%	3,497	-2.9%	15,331	-2.5%

**Reports of Home and Community A/N/E
of Seniors and Adults with Disabilities**



Classification

Calls received by the 24-hour toll-free Elder Abuse Hotline or in one of the local DSS offices initiates an investigation by HCS field staff. Reports are classified based on the information given to the intake worker by the reporter. Initiation of the report is guided by the information contained in the report regarding the likelihood of serious physical harm and need for protective services.

- **Class I Reports:** contains allegations of imminent danger or an emergency situation. Investigations are generally initiated immediately and a face-to-face contact is made with the adult within 24 hours of receipt of the report.
- **Class II Reports:** allegations in the report indicate that circumstances exist that will jeopardize the health, safety, or welfare of the reported adult, but does not create imminent danger. Investigations are generally initiated within 48 hours (or by close of the first business day following a weekend or holiday) and a face-to-face visit with the alleged victim is conducted as soon as possible, but within seven calendar days.
- **Class III Reports:** calls to the hotline of a non-protective situation; generally requests for services or additional information (investigation is usually not warranted).

Nature of Allegations

Various pre-described conditions are commonly used to code the allegations contained within reports of abuse, neglect, or exploitation. Allegations are coded based on the information received from the individual calling the hotline or county office and may include:

Beatings	Financial Exploitation	Isolation
Behavior Problems	Financial Management	Legal Need
Bone Fractures	Needed	Locked In/Out Home
Bruises/Welts	Financial Need	Medical Abuse
Confused	Guardian Needed	Medical Neglect
Cuts/Wounds	Harassment	Physical Restraint
Depressed	Heavy Care Responsibility	Placement Needed
Disregard for Personal Safety	Improper Supervision	Sexual Abuse
Emotional Abuse	Inadequate Food	Stressed
Emotionally Disturbed	Inadequate Housing	Substance Abuse
Eviction	Inadequate Physical Care	Suicidal
Family Discord	Inadequate Utilities	Verbal Abuse
Filth/Squalor	Incapable of Self Care	

Investigation

The investigator initiated the investigation and met face-to-face with the victim within the 24-hour timeframe in 90% of the Class I hotline reports. Class II investigations were initiated within 48-hours in 41% of the cases and the investigator met face-to-face with the alleged victim in 87% of the cases within seven days of the report. Initiation of an investigation is often beyond the control of the investigator when there is an inability to locate the victim, lack of cooperation by the victim/perpetrator, or there is a need to coordinate with law enforcement or other agencies involved in the investigation. The time frames for initiation may also be affected by the admission of the reported adult to a facility, hospital, or other protective environment.

Upon receipt of a report alleging maltreatment of a senior or adult with disabilities, the investigator immediately determines whether or not it is appropriate to involve law enforcement or other investigative agencies. During the investigation process, field staff may engage the assistance of various public and private entities such as law enforcement officers, public administrators, prosecutors, physicians, health care professionals, licensing boards and agencies, and probate judges as necessary. Additionally, staff work with other departments including: Department of Mental Health; Department of Elementary and Secondary Education, Division of Vocational Rehabilitation; Department of Insurance; Department of Social Services; and Department of Public Safety. Staff intervene on behalf of vulnerable adults when necessary and appropriate to reduce the risk of continued injury or harm.

Investigative Findings

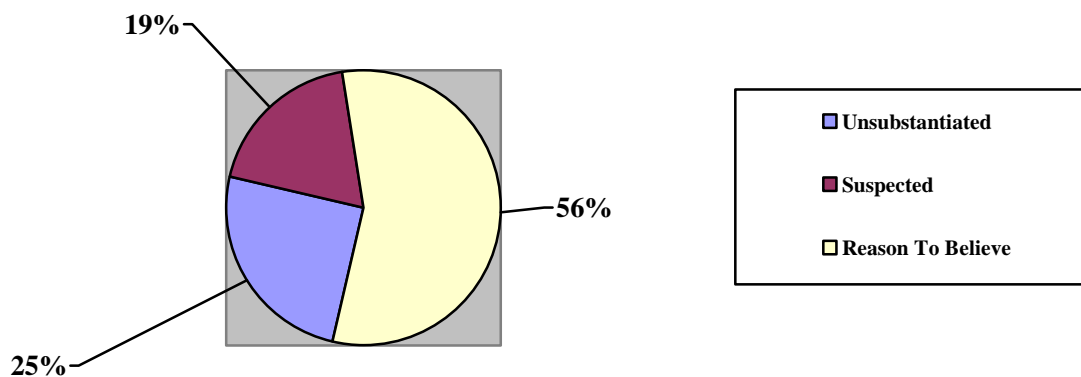
At the conclusion of the investigation, a determination is made as to the validity of the allegations contained in the original hotline report. The investigative findings are forwarded to the CRU for entry into the Central Registry for Abuse, Neglect and Exploitation (CRANE) database.

“Investigation” refers to a completed review of the facts in a reported situation for which the “investigative findings” are entered into the CRANE database. Investigative findings are

classified based on the amount of evidence that has been obtained that gives findings or refutes allegations contained in the report. Additional abuse/neglect problems that are identified during the investigation are added to the report findings and entered into the database. Findings are classified as:

- **Reason to Believe:** A substantial amount of evidence is found supporting the allegations contained in the report;
- **Suspected:** Based on the investigator's judgment, the reported allegations are probable or likely; or
- **Unsubstantiated:** The evidence of the investigation does not support the allegations in the report.

In FY (fiscal year) 2002, Senior Services staff completed 12,976 investigations (Appendix G). Cases in which the investigator found "Reason to Believe" the allegations in the report to be true made up 56% of completed investigations. Cases in which the investigator found the allegations to be "Suspected" the allegations in the report to be true were 19%, and cases in which the investigator found were to be "Unsubstantiated" made up 25%. Reason to Believe or Suspected cases increased an average of 6.6% in FY02. Unsubstantiated findings increased over 10%. More than over half (55.7%) of the investigations completed in fiscal year 2002 were found "Reason to Believe".



Findings of Completed A/N/E Investigations (Including Percentage of Annual Change)

	Reason to Believe		Suspected		Unsubstantiated		Total	
FY98	6,640	4.4%	2,579	12.0%	2,555	11.0%	11,774	7.4%
FY99	6,857	3.3%	2,680	3.9%	2,930	14.7%	12,467	5.8%
FY00	7,167	4.5%	2,452	-8.5%	2,954	0.8%	12,573	0.8%
FY01	7,181	1.9%	2,356	-3.9%	3,196	8.1%	12,733	1.3%
FY02	7,228	6.5%	2,517	6.8%	3,231	10.0%	12,976	1.9%

FY02 Completed Investigative Findings

Nature of Allegation	Total	Reason to Believe	Suspected	Unsubstantiated
Physical Neglect	20,255	7,632	3,411	9,212
Emotional Neglect	5,126	2,307	1,215	1,604
Emotional Abuse	3,424	1,203	777	1,444
Physical Abuse	2,864	992	512	1,360
Financial Exploitation	2,899	543	551	1,805
Financial Neglect	2,350	913	429	1,008
Mental Disability	944	560	189	195
Other	926	300	146	480

Referrals

Three types of allegations were commonly included in the reports regarding elder and adults with disabilities abuse in FY02. Physical neglect was the most commonly cited allegation in reports and was identified through investigations to be the highest verifiable finding (7,632 of 20,255 findings).

On the basis of the investigative findings, staff may refer cases to the local prosecutor when it has been determined that the findings regarding abuse, neglect, or financial exploitation of an eligible adult may meet the elements of a crime. Referrals may also be made to a licensing agency when it has been determined that there is reason to believe that a professional has violated their licensure or ethical requirements in the delivery or non-delivery of care to a vulnerable adult. Staff also forward cases to the Department of Health and Senior Services (DHSS), Office of General Counsel for review or the department designee when it is determined that a perpetrator of abuse or neglect may be appropriate for placement on the Employee Disqualification List (EDL).

The EDL is a statutory mechanism intended to protect vulnerable adults from individuals who have been found to have abused, neglected, misappropriated funds or property, or falsified service delivery documents during the delivery of care in a facility, hospital, or the adult's home. State statute prohibits health care entities that are licensed or contracted by the state from hiring individuals whose name appears on the EDL.

Resolutions and Services Provided

Upon conclusion of an investigation, the majority of cases found "reason to believe" result in providing protective services (26% in FY02) or the problem was resolved through a conclusive action or plan (28% in FY02). In FY02, 8.0% of investigations resulted in the reported adult being placed in a long-term care facility or referred to another agency for help.

Various services are provided to individuals after investigation. In most cases, the victim and/or his/her family received counseling by division staff regarding the risks associated with aging in the home and community. As a result of a hotline call, 32% of the reported adults were authorized for an in-home service, such as personal care, homemaker care, or home delivered meals. Another 20% were provided legal or financial services, including assignment of a guardian, a power of attorney, or financial management.

Source and Nature of Abuse, Neglect, or Exploitation

In Missouri, as well as nationally, the majority of perpetrators of abuse, neglect, or exploitation are family members of the victims. Causes identified by researchers that contribute to the occurrence of abuse include: caregiver stress; impairment of the dependent adult; a cycle of violence; and personal problems of abusers such as mental and emotional disorders, alcoholism, drug addiction, and financial difficulty.

The source, nature or types of alleged abuse and/or neglect are examined to determine if evidence is found supporting the allegation. Circumstances or environment were found to be the most common associated source of abuse and/or neglect in more than half of the cases investigated in Missouri. The nature of abuse found in these cases included the victim being incapable of self-care (11%), confusion of the victim (6%), and inadequate physical care (8%).

The reported adult was identified to be the primary perpetrator (self-neglect or self-abuse) in nearly 28% of the cases found “Reason to Believe”. Self-abuse and self-neglect is characterized as the behavior of a person that threatens his/her own health or safety and generally manifests itself as a refusal or failure to provide himself/herself with adequate food, water, clothing, shelter, personal hygiene, medication, and safety precautions.

Nearly 22% of the substantiated cases were attributed to another person inflicting the abuse, neglect, and/or exploitation. Financial exploitation cases accounted for 15% of the reports. Approximately 14% of the third-party perpetrator cases were the result of physical abuse such as: beatings, bruises, cuts, burns, etc. Sexual abuse accounted for 1% of the cases.

Victim Demographics by Race

	Region 1/10	Region 2	Region 3/7	Region 4	Region 5	Region 6	Region 8/9
White	2,018	1,529	2,064	646	649	1,042	2,323
Black	23	186	627	13	40	57	1,290
American Indian	3	5	1	0	1	2	2
Oriental	4	0	7	0	1	1	11
Unknown / Error	58	28	101	15	8	32	189
Total	2,106	1,748	2,800	674	699	1,134	3,815

Victim Demographics by Sex

	Region 1/10	Region 2	Region 3/7	Region 4	Region 5	Region 6	Region 8/9
Female	1,374	1,120	1,784	420	448	707	2,550
Male	728	625	1,004	253	251	424	1,239
Unknown	4	3	12	1	0	3	26
Total	2,106	1,748	2,800	674	699	1,134	3,815

Victim Demographics by Age

	Region 1/10	Region 2	Region 3/7	Region 4	Region 5	Region 6	Region 8/9
20 and Under	18	22	25	7	4	9	25
20-29	66	37	86	11	10	31	80
30-39	79	82	93	26	23	38	96
40-49	140	110	156	51	49	78	186
50-59	216	215	271	57	68	130	331
60-64	126	142	201	48	39	105	257
65-69	188	189	249	69	70	117	327
70-74	238	211	358	70	73	139	562
75-79	298	238	405	98	113	163	577
80-84	332	254	429	92	90	135	653
85-89	242	139	316	88	96	108	443
90-94	123	87	143	36	52	58	202
95 and Over	40	22	68	21	12	23	76
Total	2,106	1,748	2,800	674	699	1,134	3,815

Perpetrator Demographics in Hotline Investigations

An analysis of the demographic characteristics of perpetrators reveals that the typical perpetrator was white, with an average age of 52 years old, and related to the victim. Females were somewhat more likely than males to be perpetrators. This is partly attributable to the discrepancy between the sexes in our population and the prevalent sociological gender roles of females as the primary caregiver. Age was reported for 49% of the perpetrators. In cases where age was reported, the majority of perpetrators were found in the age 50 and under categories.

Age		Relationship to Victim	
Less Than 30	23.2%	Adult Child	30.5%
30-39	23.5%	Other Relative	20.9%
40-49	23.5%	Spouse	10.8%
50-59	14.2%	In-Home Services Provider	16.2%
60-69	05.6%	Health Care Professional	3.9%
70-79	04.5%	Housemate, Friend, Neighbor	7.1%
80+	05.4%	Other	10.6%
Average Age = 52 (based on cases in which age was reported)			

Race		Living With Victim	
White	68.3%	Yes	57.5%
African American	18.8%	No	42.5%
Hispanic	0.3%	Sex	
Asian	0.2%		
Native American	0.1%		
Other	0.1%		
Not Reported	12.2%		
		Male	41.0%
		Female	54.0%
		Not Reported	5.0%

Missouri Care Options

Missouri Care Options (MCO) is the name used to describe the programs that offer choices to seniors and adults with disabilities in the state of Missouri, which often result in the authorization of home and community-based care. The 1992 legislative initiative intended to ensure that adults who are facing decisions regarding long-term care are aware of information sufficient to exercise choice regarding their decision about long-term care. To ensure that adults in Missouri facing decisions regarding long-term care have options for receiving care in the home or community, the state legislature has invested in funding an array of services as an alternative to a more costly, more restrictive care setting.

Through a screening and assessment process, the division helps the individual determine the feasibility of home-care options in lieu of facility placement. After discussing long-term care needs of the individual, the worker reviews services available within the state including home-based, community-based, and residential-based care settings. For persons who choose to remain in the community, types of care including agency-based and consumer-directed care are explained. Services in the home may be paid for through private insurance, Medicaid, General Revenue, Older Americans Act (Title III), or by private arrangements between the provider of care and the consumer. In-home services for Medicaid recipients are authorized by Senior Services staff and are delivered by department contracted and/or Medicaid enrolled providers. Individuals choosing consumer-directed care are referred to the appropriate Center for Independent Living and services are administered through the Department of Elementary and Secondary Education, Division of Vocational Rehabilitation.

Prior to admission, Missouri nursing facilities are generally required to contact the Elder Abuse Hotline to make a referral on individuals who are entering nursing facilities that are eligible or potentially eligible for Medicaid. Additionally, hospitals are encouraged to make referrals on any patients being considered in need of long-term care prior to discharge.

MCO Pre-Long Term Care Screening (PLTCS)

The division is required to conduct PLTCS for adults in Missouri who are:

- referred to the Central Registry Unit as an individual who is facing decisions regarding long-term care;
- medically eligible for nursing facility level of care; and
- is a Medicaid recipient or will potentially need access to state-funded long-term care.

In FY01, the division revised policies governing issuance of a referral number. As a result, the number of referrals decreased for the first time in over a decade. Policies were revised to maximize efficiency and effectiveness of staff resources. In some cases, new referral numbers are not assigned to clients the division is already serving, as these individuals are aware and often recipients of home and community based care. Additionally, screening referrals need not be reissues for a one-year period. All individuals, however, who are referred to or contact the hotline are mailed information regarding long-term care options and are encouraged to contact the division or a provider of services if he/she is exploring home care as an alternative to facility placement.

In FY02, the division received over 20,000 referrals. CRU staff complete the screening when it can be determined that there is no viable option to facility care, or the individual does not meet the requirements for state staff to conduct a PLTCS. Upon completion of the screening by CRU,

information regarding care options is mailed to the individual/family for review or the individual is referred to the field for follow-up contact. HCS field staff conducted over 62% of the screenings.

In FY02, just over one-third of individuals screened by staff were able to remain in the home with authorization of state-funded in-home services (31.41% at home and 0.51% receive personal care in a Residential Care Facility).

- ▲ Approximately .15% of the screened individuals entered a nursing facility for a short-term stay and another 60.66% entered the Nursing Facility based on need and/or choice.
- ▲ The remaining 7.27% of the individuals screened returned to the community on his/her own resources, improved to where no care was needed, relocated to another state, moved in with a relative, died, or there was insufficient data to determine the outcome (Appendix H).

	FY98	FY99	FY00	FY01	FY02
PLTCS Referrals	23,970	24,287	24,775	23,762	20,435
Percent of PLTCS Resulting in Authorization of In-Home Services	35.6%	38.3%	40.2%	33.2%	31.4%
Percent of PLTCS Resulting in Nursing Facility Placement	47.1%	44.1%	43.8%	35.7%	60.6%

MCO and State-Funded In-Home Services

The division's social service workers respond to requests for assistance and complete an assessment of functional, medical, and environmental limitations that affect the ability of the individual to perform activities of daily living and live independently. Provision of state-funded in-home services are available to individuals who need help to remain in the home or community and would otherwise be eligible for Medicaid payment in a nursing facility.

State-funded assistance to pay for services include a combination of Medicaid, General Revenue, Social Services Block Grant, and Older Americans Act funding. Once the need for state-funded assistance and Medicaid eligibility is determined and the individual chooses agency-based care, staff identify formal and informal support systems that are available to meet the client's need. In-home services are authorized as necessary to provide the support needed to maximize independence and quality of life.

Providers of in-home services deliver care to clients as authorized by the division in every county in the state. The client is able to choose the provider from whom he/she wishes to receive care. Providers often work with clients or his/her family when a specific individual has been identified to deliver the needed care. In-home services are governed by standards promulgated by rules of the Division of Senior Services [19 CSR 15-7.021] and the Division of Medical Services [13 CSR 70-91.010] and a contract with the department. Included in the minimum standards and contract provisions are hiring prohibitions regarding employees who will deliver care, training requirements, and reimbursable tasks. The maximum reimbursement rates for care delivery are set annually by the Missouri General Assembly(Appendix C).

Significant Data:	FY1998	FY1999	FY2000	FY2001	FY2002
Number of In-Home Provider Agencies	255	333	370	375	374

The division authorizes in-home care using the following service definitions:

Personal Care – medically oriented tasks related to a client's physical needs based on their limitations such as general grooming, brushing hair, cleaning fingernails, shaving, bathing, and medically related household activities. Personal care services are also available to residents of residential care facilities (RCFs). Services are funded primarily through Medicaid. In some areas of the state, Personal Care services may be available through Area Agencies on Aging.

Advanced Personal Care – medically oriented services for clients who have altered body functions such as care for clients with ostomies or catheters, bowel programs, require lifts to transfer, assistance with medications, care of non-sterile dressings, and passive range of motion exercises. Advanced personal care services are also available to residents of residential care facilities (RCFs). Services are funded primarily through Medicaid.

Authorized Nurse Visits –nursing activities including skin monitoring, pre-filling insulin syringes, set-up and administration of prescribed medications, nail care for diabetic clients, APC care plans, aide training, and general health evaluations. Authorized nurse visits are also available to residents of residential care facilities. Services are funded primarily through Medicaid.

Homemaker Chore – involves general household activities such as cooking, cleaning, laundry and other household tasks that are not direct or hands-on services to the clients. Services are funded primarily through the Medicaid Aged and Disabled Waiver (limited to individuals age 63 or older). In some areas of the state, homemaker chore services may be available through the Area Agencies on Aging.

Adult Day Health Care – services ranging from active rehabilitation to social and health-related care through a structured program of social and therapeutic activities in a facility outside the client's home. This service, in areas of the state where available, is authorized in full-day or half-day units. Services are funded primarily through the Medicaid Aged and Disabled Waiver. In some areas of the state, Adult Day Care services may be available through Area Agencies on Aging.

In-Home Respite – care provided in the home setting to supervise clients, giving temporary relief to primary caregivers. Services are funded primarily through the Medicaid Aged and Disabled Waiver (limited to individuals age 63 or older) and through state funds. In some areas of the state, in-home respite may be available through Area Agencies on Aging.

Advanced In-Home Respite – targeted to clients with special needs (such as Alzheimer's, bedfast clients requiring turning, repositioning or transfer, etc.) who have a live-in caregiver needing respite. This service is available in hourly units and in 8-hour or 24-hour blocks. Services are funded primarily through the Medicaid Aged and Disabled Waiver (limited to individuals age 63 or older).

Nurse In-Home Respite – respite services delivered by a licensed nurse available to clients whose care needs require skilled services that must be provided by a licensed nurse during periods of respite for the normal caregiver. This service is available in 4-hour blocks. Services are funded primarily through the Medicaid Aged and Disabled Waiver (limited to individuals age 63 and older).

Counseling – the process of guiding, instructing, or providing information through therapeutic interaction between counselors and clients consisting of purposeful and goal-directed verbal/nonverbal communication such as listening, talking, interviewing, discussing, and observing. Services are funded primarily through Social Services Block Grant and state General Revenue.

Home-Delivered Meals – nutritious meals delivered to homebound individuals. Services are provided through the Area Agencies on Aging using a combination of federal (primarily Older Americans Act) and state funds including the Aged and Disabled Medicaid Waiver.

Average Monthly Number of In-Home Services Clients

	FY98	FY99	FY00	FY01	FY02
Personal Care	3,197	3,422	3,183	2,952	2,743
Advanced Personal Care	171	222	233	234	221
Authorized Nurse Visits	445	616	681	788	852
Homemaker Chore	5,021	4,605	3,863	3,440	2,922
Hourly Respite	338	355	309	323	324
Advanced Respite (Includes Hourly, 6-8 Hr Block, 24 Hr Block)	120	97	109	102	107
Nurse Respite	26	66	38	38	41
Adult Day Health Care	73	35	87	75	76
Counseling	79	82	89	27	65
Clinical Consultation	N/A	10	11	N/A	N/A
Self-Directed Attendant Care Service Pilot	N/A	9	10	N/A	N/A

Annual Number of In-Home Services Clients

	FY98	FY99	FY00	FY01	FY02
Annual unduplicated in-home service clients	45,069	47,009	49,039	50,389	50,213

Annual Expenditures By Service

Service Type	FY98	FY99	FY00	FY01	FY02
Personal Care	\$6,239,222	\$6,735,239	\$7,148,422	\$5,781,786	\$6,015,475
Advanced Personal Care	\$579,142	\$698,845	\$780,251	\$629,733	\$615,790
Authorized Nurse Visit	\$378,039	\$536,0047	\$606,512	\$616,016	\$73,999
Homemaker Chore	\$7,565,452	\$7,014,809	\$6,481,104	\$5,344,206	\$5,359,788
Hourly Respite	\$1,092,271	\$1,226,832	\$1,174,225	\$1,113,262	\$1,320,660
Advanced Respite	\$803,458	\$678,167	\$569,859	\$376,553	\$368,440
Nurse Respite	\$264,206	\$270,950	\$192,362	\$155,271	\$177,483
Adult Day Health Care	\$143,195	\$97,267	\$141,668	\$92,125	\$132,941
Counseling	\$80,303	\$69,761	\$81,582	\$60,174	\$66,254
Clinical Consultation	N/A	\$87,300	\$87,300	\$87,300	N/A
Personal Care Attendant	\$180,000	\$173,536	\$186,464	\$154,074	\$54,474
Self-Directed Attend. Care	N/A	N/A	\$15,787	\$209,615	\$139,571

FY 02 Long Term Care Cost

Long-term care in Missouri includes a combination of care to residents living in facility care settings and individuals living in the home and/or community. Programs and services are administered by various state departments to individuals who are not Medicaid recipients but meet specific eligibility requirements for participation. Approximately 29% of the Medicaid expenditures in Missouri are used to fund long-term care.

- ▲ Medicaid reimbursement for residents of facility care settings accounts for approximately 21.0% of total Medicaid expenditures. General Revenue is also appropriated for individual, needs-based grants [administered by the Division of Family Services] to assist residents who live in state licensed (non-Medicaid) nursing facilities and residential care facilities (RCFs).
- ▲ Home and community-based care from various departments include: in-home services; personal care attendant; services for the mentally ill; and, mentally retarded/developmentally disabled living in the community. Approximately 8.0% of the Medicaid long-term care expenditures pay for in-home services. Additionally, General Revenue is appropriated to various state departments to pay for care in the home and community.

In all care settings, the costs related to ancillary benefits (medication, doctor procedures, surgery, etc.) are billed outside the cost of reimbursement to the facility or the provider of care. In comparing cost of care, the following considerations must be given to actual reimbursement for care:

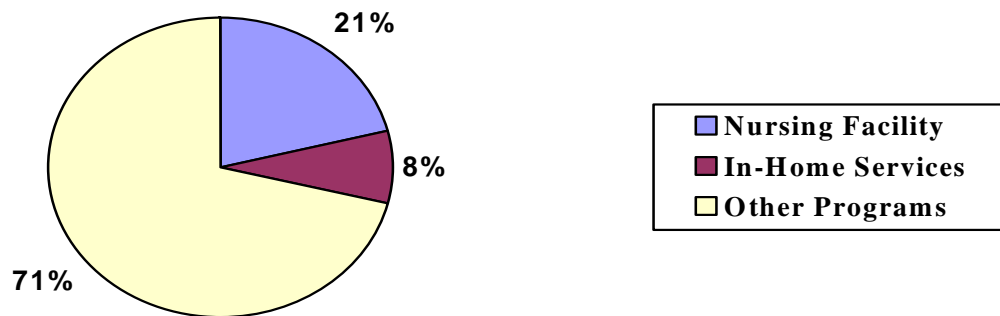
Nursing Home Care: Nursing facility reimbursement is paid based on a per-diem established for the facility and is intended to cover the cost of care regardless of the degree of need required by the resident. Reimbursement is made based on the requirement that the facility meet the needs of the resident.

The average annual cost of nursing facility care per resident is estimated at \$34,815 after adjusting for the Federal Reimbursement Allowance. The “Nursing Facility Federal Reimbursement Allowance” (NFRA) enacted in 1994 by the Missouri General Assembly, imposed an annual fee on all residents of privately-owned nursing facilities. The purpose of the fee was to generate additional revenue to provide for increased Medicaid reimbursement to nursing facilities. Nursing facility average costs are determined by dividing total expenditures by the average monthly number of recipients. Fiscal years 1996 through 2002 average cost of nursing facility care have been adjusted to exclude the Federal Reimbursement Allowance.

Home and Community-Based Care: Provider reimbursement for care in the home and community is prior-authorized by state staff based on the needs of the recipient and is reimbursed respectively—after the actual delivery of care. Reimbursement is made only for the tasks performed in accordance with the care plan and delivered by the provider to the recipient. The actual cost of care, therefore, is task-specific and reimbursed according to the amount billed by the provider and does not include any assistance with costs of maintaining the residence. The cost of care needed and authorized may, therefore, often be higher than the actual cost of care delivered to the recipient.

The average annual cost during FY02 to provide in-home services to MCO participants determined to be medically eligible for nursing facility level of care was estimated at \$5,573. For those who received personal care (including the General Revenue cash grant) in an RCF, the estimated annual cost per recipient was \$5,189.

Medicaid Long-term Care Expenditures for FY02



Medicaid Expenditures	FY2002 Expenditures	Average Monthly Number of Clients Served
Nursing Facility Expenditures	\$733,211,399 (21.0%)	26,012
HCB Services	\$279,075,470 (08.0%)	34,676
All Other Programs	\$3,562,029,810 (71.0%)	

Average Estimated Annual Cost of Medicaid Long-term Care

Year	In-Home*	RCF*	Nursing Facility
FY95	\$2,352	\$3,077	\$19,680
FY96	\$2,834	\$4,053	\$24,596
FY97	\$3,045	\$3,916	\$28,408
FY98	\$3,731	\$4,365	\$31,765
FY99	\$4,179	\$4,503	\$32,758
FY00	\$4,194	\$4,639	\$32,385
FY01	\$4,177	\$4,672	\$35,607
FY02	\$5,573	\$5,189	\$34,815

* Average cost of in-home services per recipient is based on a subset of consumers who are tracked in the MCO database. The average cost of care is based on the total amount of services paid by the date the annual cost is calculated. The division asserts that it is reasonable to assume that the subset of information is representative of the average cost of care for all division authorized in-home services clients.

Resource Agencies

Adoption Hotline	1-800-554-2222
Alzheimer's Disease Hotline	1-800-272-3900
American Association of Retired Persons (AARP)	1-202-434-2277
American Cancer Society	1-800-227-2345
American Diabetes Association	(573)-443-8611
American Lung Association	1-800-LUNG-USA
Attorney General's Consumer Protection Hotline	1-800-392-8222
Auditor's Office (Fraud)	1-800-347-8597

Better Business Bureaus:

Kansas City	1-816-421-7800
St. Louis	1-314-645-3300

Child Abuse Hotline	1-800-392-3738
CLAIM	1-800-390-3330
Consumer Fraud and Welfare Hotline	1-800-392-8222
Consumer Product Safety Commission	1-800-638-2772
Courage Stroke Network-American Heart Association	1-800-553-6321
Department of Insurance Hotline	1-800-726-7390
Department of Mental Health	1-800-364-9687
Department of Health and Senior Services	(573)-751-6001
Department of Social Services	(573)-751-4815
Division of Family Services (State Office)	(573)-751-3221
Division of Medical Services (State Office)	(573)-751-3425
Division of Senior Services (State Office)	(573)-751-3082
Division of Senior Services (TDD)	1-800-735-2966
Division of Senior Services (Voice)	1-800-735-2466
Elder Abuse and Neglect Hotline	1-800-392-0210
ElderCare Locator	1-800-677-1116
Family Care Safety Registry	1-866-422-6872
Guide Dog Foundation for the Blind	1-800-548-4337
Home Health Care Reports	(573)-751-6336
Information and Referral Hotline	1-800-235-5503
Kansas City Secret Service	1-816-512-2000

Legal Services:

Mid Missouri Legal Services (Columbia)	1-800-568-4931
Legal Services of Eastern Missouri (St. Louis)	1-800-444-0514
Legal Aid of Western Missouri (KC)	1-816-474-6750
Mark Twain Legal Services (Canton)	1-573-288-5643
Legal Services of Southern Missouri (Springfield)	1-417-881-1397
Medicare Hotline	1-800-447-8477

Mental Health Associations:

Kansas City	1-913-281-2221
St. Louis	1-314-773-1399

Long-Term Care Ombudsman Program	1-800-309-3282
MO Assistive Technology Project	1-800-647-8557
MO Capitol Police	(573)-522-2222
MO Dental Association-Senior Care Program	1-800-688-1907
MO Hospital Association (Hospital Reports)	(573)-893-3700
MO Rehabilitation Services for the Blind	1-800-592-6004
MO Senate Hotline (January-May)	1-800-877-5982
MO Senior Rx Program	1-866-556-9316
MO Water Patrol	(573)-751-3333
National Center for Missing and Exploited Children	1-800-843-5678
National Fraud Information Center	1-800-876-7060
National Kidney Foundation	1-800-622-9010
National Multiple Sclerosis Society	1-800-344-4867
National Parkinson Foundation	1-800-327-4545
Parental Stress Hotline	1-800-367-2543
Poison Control Center	1-800-366-8888
Public Service Commission (Utility Complaints)	1-800-392-4211
Rape and Abuse Crisis Hotline	(573)-634-4911
Secretary of State Investor Hotline	1-800-721-7996
Shelter for Battered Women and Children	1-800-303-0013
Social Security	1-800-772-1213

Suicide Crisis Emergencies:

Kansas City and Northwest MO Areas	1-888-279-8188
St. Louis and Metro Areas	1-800-811-4760
Northwest, Central, and Southeast Areas	1-800-356-5395

Toxic Chemical and Oil Spills	1-800-424-8802
US Inspector General (Medicare Issues)	1-800-368-5779
Women's Center (UMC)	1-573-882-6621

Definitions and Acronyms

AAA: Area Agencies on Aging.

A/N/E: Abuse, Neglect, or Exploitation.

A/N: Abuse or Neglect.

Abuse: The infliction of physical, sexual or emotional injury or harm including financial exploitation by any person, firm, or corporation.

CRU: Central Registry Unit.

CSR: Code of State Regulations.

DHSS: Department of Health and Senior Services

DSS: Division of Senior Services.

EDL: Employee Disqualification List.

Eligible Adults:

- Missouri residents who are aged 60 or older;
- Adults age 18-59 with physical or mental impairments that limit his/her ability to perform activities of daily living; and
- Residents of nursing facilities, residential care facilities, or intermediate care facilities for the developmentally disabled (ICFMR).

Financial Exploitation: A person in a position of trust and confidence obtains control of property by deceit or intimidation.

GR: General Revenue.

HCS: Home and Community Services.

HCSAS: Home and Community Services Area Supervisor.

LCSW: Licensed Clinical Social Worker.

LTACS: Long-term Alternative Care. Subsystem – Senior Services database containing data regarding authorization for in-home services.

LTCS: Long-term Care Specialists.

MCO: Missouri Care Options. Program in which persons are informed about care options when facing decisions regarding long-term care.

Neglect: The failure to provide services to an eligible adult by any person, firm, or corporation with a legal or contractual duty to do so, when such failure presents either an imminent danger to the health, safety, or welfare of the client or a substantial probability that death or serious physical harm would result.

OAA: Older Americans Act.

Perpetrator: An individual, other than the victim himself/herself, who is alleged to have abused, neglected, or exploited someone.

RCF: Residential Care Facility.

SSBG: Social Services Block Grant.

SSW: Social Service Worker I/II employed by the Division to investigate hotline reports involving abuse, neglect, and exploitation, conduct assessments, authorize in-home services, review care options with individuals facing decisions regarding long-term care and provide ongoing case management.

Title XIX: Medicaid.

*The above terms as defined by applicable state statutes.

**In-Home Services Maximum Unit Reimbursement Rates
Established by the General Assembly**

Service Type	FY98	FY99	FY00	FY01	FY02
Personal Care	\$11.46	\$11.94	\$12.94	\$13.46	\$13.71
Advanced Personal Care	\$15.50	\$15.98	\$16.98	\$17.50	\$17.75
Homemaker Chore	\$11.46	\$11.94	\$12.94	\$13.46	\$13.71
Respite (Hourly)	\$9.60	\$10.08	\$11.08	\$11.60	\$11.85
Advanced Respite (Hourly)	\$12.60	\$13.08	\$14.08	\$14.60	\$14.85
Advanced Respite (6-8 Hour Block)	N/A	\$75.00	\$76.00	\$76.52	\$78.52
Advanced Respite (17-24 Hour Block)	N/A	\$175.00	\$176.00	\$176.52	\$182.52
Nurse Respite	\$75.00	\$75.00	\$76.00	\$76.52	\$76.52
Adult Day Health Care (Full day)	\$41.50	\$42.70	\$43.70	\$43.70	\$46.20
Adult Day Health Care (Half day)	N/A	\$21.35	\$22.35	\$22.35	\$23.60
Professional Counseling	\$26.08	\$26.08	\$27.08	\$27.60	\$27.85
Semi-Professional Counseling	\$17.08	\$17.08	\$18.08	\$18.60	\$18.85
Home-Delivered Meals (Aged and Disabled Waiver)	N/A	N/A	\$5.00	\$5.00	\$5.00
Care Provided in Residential Care Facilities					
Personal Care	\$11.37	\$12.37	\$12.89	\$13.14	\$13.14
Advanced Personal Care	\$12.93	\$13.41	\$14.41	\$14.93	\$14.93
Nurse Visits	\$26.30	\$27.30	\$27.82	\$28.07	\$28.07

Mandated Reporters

Professionals mandated to report in accordance with:	660.300	565.188	198.070
Adult Day Care Center Workers		Yes	Yes
Chiropractors	Yes	Yes	Yes
Christian Science Practitioners	Yes	Yes	Yes
Clinic personnel engaged in treatment, examination, care; adults 60 (+)		Yes	
Clinic personnel engaged in the examination of persons age 60 (+)			Yes
Coroner		Yes	Yes
Dentist	Yes	Yes	Yes
Department of Health and Senior Services Employee	Yes		
Department of Mental Health Employee	Yes		Yes
Department of Social Services Employee	Yes		Yes
Facility Administrator			Yes
Facility Employee (also see Nursing Home Worker)			Yes
Health practitioners engaged in treatment, examination, care; persons age 60 (+)		Yes	
Hospital personnel engaged in treatment, examination, care; adults age 60 (+)		Yes	
In-home services employees, operators, and owners	Yes		
Interns (also see Resident Intern)			Yes
Law Enforcement Officials (also see Peace Officers)		Yes	Yes
Medical Examiner	Yes	Yes	Yes
Mental Health Professionals		Yes	Yes
Ministers	Yes		Yes
Nurse (also see Registered Nurse)	Yes	Yes	Yes
Nursing Home Worker (also see Facility Employee)		Yes	
Optometrist	Yes	Yes	Yes
Other Health Practitioner			Yes
Other person with responsibility for the care of persons 60 years (+)		Yes	
Other person with responsibility for the care of an eligible adult			Yes
Peace Officer	Yes	Yes	Yes
Pharmacist	Yes		Yes
Physical Therapist	Yes		Yes
Physician	Yes	Yes	Yes
Podiatrist	Yes	Yes	Yes
Probation or Parole Officer		Yes	Yes
Psychologist	Yes	Yes	Yes
Registered Nurse (also see Nurse)	Yes	Yes	
Resident Intern	Yes	Yes	
Social Worker	Yes	Yes	Yes

660.300 - Abuse/Neglect of in-home services clients

565.188 - Person (age 60 or older) subjected to conditions, which would reasonably result in abuse or neglect

198.070 - Resident of a nursing facility has been abused or neglected

**FY02 Reporters of Home and Community A/N/E of
Seniors and Adults with Disabilities**

Relationship of Reporter to Victim	Number of Reports	Percent of Total
Adult Child/Spouse/Grandchild/Sibling	1,944	12.7%
Hospital Social Services Employee	1,939	12.6%
Health Care Professional, Physician, Dentist	1,702	11.0%
In-Home Services Provider, Private, Unpaid Caregiver	1,460	9.5%
Self	1,389	9.1%
Friend/Neighbor/Landlord/Housemate	1,265	8.3%
Anonymous/Unknown	1,143	7.5%
Circumstances, Environment	1,079	7.1%
Other Relative/Guardian/Parents	834	5.4%
Law Enforcement, Government Official/Legal Counsel	799	5.2%
Long Term Care Employee	745	4.9%
Division of Senior Services or AAA Employee	362	2.4%
Unknown/Anonymous	317	2.0%
Mental Health Professional/Ombudsman	276	1.8%
Fire Department, Financial Institution, Bank	77	.050%
Total	15,331	100.0%

FY02 Hotline Reports By County

County	Under 60	Seniors 60+	Total	County	Under 60	Seniors 60+	Total
Adair	20	96	116	Linn	5	30	35
Andrew	3	20	23	Livingston	5	18	23
Atchison	23	8	31	McDonald	13	23	36
Audrain	9	86	95	Macon	9	51	60
Barry	23	59	82	Madison	17	62	79
Barton	3	37	40	Maries	6	15	21
Bates	9	22	31	Marion	12	55	67
Benton	6	36	42	Mercer	2	7	9
Bollinger	12	44	56	Miller	17	48	65
Boone	87	166	253	Mississippi	21	56	77
Buchanan	54	259	313	Moniteua	4	16	20
Butler	77	232	309	Monroe	3	11	14
Caldwell	4	14	18	Montgomery	9	19	28
Callaway	20	65	85	Morgan	8	37	45
Camden	27	49	76	New Madrid	24	79	103
Cape Girardeau	32	107	132	Newton	27	81	108
Carroll	7	16	23	Nodoway	4	22	26
Carter	10	26	36	Oregon	15	35	50
Cass	22	113	135	Osage	8	14	22
Cedar	7	9	16	Pemiscot	41	111	152
Chariton	3	16	19	Perry	14	14	28
Christian	22	58	80	Pettis	22	88	110
Clark	6	20	26	Phelps	34	126	160
Clay	47	205	252	Pike	15	42	57
Clinton	11	31	42	Platte	27	73	100
Cole	44	101	145	Polk	10	39	49
Cooper	3	17	20	Pulaski	8	65	73
Crawford	21	54	75	Putnam	3	5	8
Dade	8	19	27	Ralls	5	16	21
Dallas	15	35	50	Randolph	27	83	110
Davies	1	10	11	Ray	6	34	41
DeKalb	11	22	33	Reynolds	8	25	33
Dent	25	57	82	Ripley	18	37	55
Douglas	7	33	40	St. Charles	67	277	344

Hotline Reports by County (continued)

County	Under 60	Seniors 60+	Total	County	Under 60	Seniors 60+	Total
Dunklin	40	112	152	St. Clair	3	14	17
Franklin	47	142	189	St. Francois	56	174	230
Gasconade	5	20	25	St. Louis City	379	1,469	1,848
Gentry	11	22	33	St. Louis County	411	1,865	2,276
Greene	190	536	726	Ste. Genevieve	4	20	24
Grundy	10	3	23	Saline	19	41	60
Harrison	5	18	23	Schuyler	6	21	27
Henry	5	18	64	Scotland	3	24	27
Hickory	6	21	27	Shannon	1	8	9
Holt	0	13	13	Shelby	1	12	13
Howard	8	35	43	Stoddard	20	65	85
Howell	24	87	111	Stone	15	62	77
Iron	35	26	61	Sullivan	4	18	22
Jackson	532	1,688	2,196	Taney	13	89	102
Jasper	105	247	352	Texas	13	36	50
Jefferson	73	286	359	Vernon	14	36	50
Johnson	16	35	51	Warren	6	23	29
Knox	2	14	16	Washington	20	74	94
Laclede	11	43	54	Wayne	17	47	64
Lafayette	15	46	61	Webster	6	35	41
Lawrence	35	52	87	Worth	2	8	10
Lewis	4	12	16	Wright	17	53	770
Lincoln	28	71	99				
	Under 60	Seniors (60+)	Total				
FY02 Total Hotlines	3,498	11,833	15,331				

**Investigative Findings of Abuse, Neglect, and Exploitation Reports
of Seniors and Adults with Disabilities By County for FY 2002**

COUNTY	REASON TO BELIEVE	SUSPECTED	UNSUBSTANTIATED	TOTAL
ADAIR	70	26	13	109
ANDREW	15	5	3	23
ATCHISON	9	3	5	17
AUDRAIN	51	12	14	77
BARRY	44	13	9	66
BARTON	20	5	8	33
BATES	0	2	24	26
BENTON	25	8	3	36
BOLLINGER	35	9	11	55
BOONE	115	25	56	196
BUCHANAN	143	95	103	341
BUTLER	199	16	79	294
CALDWELL	4	4	1	9
CALLAWAY	39	4	16	59
CAMDEN	27	21	2	50
CAPE GIRARDEAU	74	10	31	115
CARROLL	10	2	3	15
CARTER	18	4	11	33
CASS	81	8	18	107
CEDAR	11	1	2	14
CHARITON	7	3	4	14
CHRISTIAN	46	17	25	88
CLARK	17	7	6	30
CLAY	114	56	45	215
CLINTON	20	8	5	33
COLE	73	5	31	109
COOPER	9	1	6	16
CRAWFORD	29	11	22	62
DADE	22	2	5	29
DALLAS	23	8	12	43
DAVIESS	9	1	3	13
DE KALB	18	2	8	28
DENT	41	11	21	73
DOUGLAS	27	10	2	39
DUNKLIN	107	16	32	155
FRANKLIN	80	34	35	149
GASCONADE	13	2	7	22
GENTRY	14	10	9	33
GREENE	441	152	179	772
GRUNDY	8	3	8	19
HARRISON	14	4	1	19

Investigative Findings (continued)
Abuse, Neglect, and Exploitation of Seniors and Adults with Disabilities
by County for FY 2002

COUNTY	REASON TO BELIEVE	SUSPECTED	UNSUBSTANTIATED	TOTAL
HENRY	31	16	8	55
HICKORY	20	2	3	25
HOLT	4	5	2	11
HOWARD	26	2	7	35
HOWELL	56	14	34	104
IRON	44	1	11	56
JACKSON	1,084	363	408	1,855
JASPER	155	58	84	397
JEFFERSON	179	67	45	291
JOHNSON	24	9	14	27
KNOX	11	2	0	13
LACLEDE	18	15	12	45
LAFAYETTE	28	9	12	49
LAWRENCE	36	11	19	66
LEWIS	11	4	4	19
LINCOLN	73	6	9	88
LINN	16	0	14	30
LIVINGSTON	11	4	9	24
MCDONALD	29	5	4	38
MACON	39	13	12	64
MADISON	44	7	18	69
MARIES	8	8	3	19
MARION	48	4	16	47
MERCER	4	1	4	9
MILLER	8	31	7	9
MISSISSIPPI	46	9	12	67
MONITEAU	12	2	3	17
MONROE	12	0	7	19
MONTGOMERY	6	1	7	14
MORGAN	24	2	11	34
NEW MADRID	80	16	16	112
NEWTON	48	21	25	94
NODAWAY	15	6	6	27
OREGON	28	3	8	39
OSAGE	4	5	5	14
OZARK	19	4	13	36
PEMISCOT	72	33	36	141
PERRY	17	1	3	21
PETTIS	67	13	22	102
PHELPS	55	34	27	116
PIKE	29	10	15	54
PLATTE	76	11	13	100
POLK	26	7	6	39

Investigative Findings (continued)
Abuse, Neglect, and Exploitation Reports of Seniors and Adults with
Disabilities by County for FY 2002

COUNTY	REASON TO BELIEVE	SUSPECTED	UNSUBSTANTIATED	TOTAL
PULASKI	32	6	20	58
PUTNAM	7	1	1	9
RALLS	11	2	5	18
RANDOLPH	81	15	18	114
RAY	32	0	5	37
REYNOLDS	26	1	3	30
RIPLEY	28	3	9	40
ST. CHARLES	129	40	57	226
ST. CLAIR	8	7	3	18
ST. FRANCOIS	151	22	32	205
ST. LOUIS CITY	663	349	462	1,474
ST. LOUIS CO.	731	451	493	1,675
STE. GENEVIEVE	20	0	1	21
SALINE	31	7	7	45
SCHUYLER	13	6	6	25
SCOTLAND	13	12	3	28
SCOTT	149	22	41	212
SHANNON	4	2	1	7
SHELBY	1	5	6	12
STODDARD	39	9	21	69
STONE	33	22	13	68
SULLIVAN	16	0	5	21
TANEY	52	16	27	95
TEXAS	37	6	7	50
VERNON	7	12	21	40
WARREN	17	1	7	25
WASHINGTON	50	8	25	83
WAYNE	33	1	19	53
WEBSTER	14	10	17	41
WORTH	5	2	1	8
WRIGHT	35	7	20	62
TOTAL	7,233	2,516	3,227	12,976

FY02 MCO Pre-Long Term Care Screening (PLTCS) Outcomes

County	Total Referrals	In-Home Services		RCF-PC		Nursing Facility		NF Short-Term		No Services/Other	
		#	%	#	%	#	%	#	%	#	%
BARRY	159	29	18.24%	2	1.26%	112	70.44%	0	0.00%	16	10.06%
CHRISTIAN	188	47	25.00%	3	1.60%	105	55.85%	0	0.00%	33	17.55%
DADE	38	7	18.42%	0	0.00%	30	78.95%	0	0.00%	1	2.63%
DALLAS	63	17	26.98%	1	1.59%	34	53.97%	0	0.00%	11	17.46%
DOUGLAS	48	28	58.33%	0	0.00%	17	35.42%	0	0.00%	3	6.25%
GREENE	851	170	19.98%	10	1.18%	607	71.33%	1	0.12%	63	7.40%
HOWELL	172	49	28.49%	0	0.00%	117	68.02%	0	0.00%	6	3.49%
LAWRENCE	155	26	16.77%	2	1.29%	111	71.61%	10	6.45%	6	3.87%
OREGON	111	69	62.16%	0	0.00%	40	36.04%	0	0.00%	2	1.80%
OZARK	40	13	32.50%	0	0.00%	24	60.00%	0	0.00%	3	7.50%
POLK	147	37	25.17%	1	0.68%	92	62.58%	0	0.00%	17	11.56%
SHANNON	39	22	56.41%	0	0.00%	16	41.03%	0	0.00%	1	2.65%
STONE	68	22	32.35%	0	0.00%	42	61.76%	0	0.00%	4	5.88%
TANEY	164	17	10.37%	1	0.61%	138	84.15%	0	0.00%	8	4.88%
TEXAS	90	30	33.33%	0	0.00%	60	66.67%	0	0.00%	0	0.00%
WEBSTER	103	31	30.10%	1	0.97%	64	62.14%	0	0.00%	7	6.80%
WRIGHT	81	31	38.27%	0	0.00%	46	56.79%	0	0.00%	4	4.94%
REG 1 TOTAL	2,517	645	25.63%	21	0.83%	1,655	65.75%	11	0.44%	185	7.35%
BOLLINGER	62	32	51.61%	0	0.00%	26	41.94%	0	0.00%	4	6.45%
BUTLER	259	130	50.19%	2	0.77%	112	43.24%	0	0.00%	15	5.79%
CAPE GIRARDEAU	297	102	34.34%	2	0.67%	156	52.53%	0	0.00%	37	12.46%
CARTER	28	7	25.00%	2	7.14%	17	60.71%	0	0.00%	2	7.14%
DUNKLIN	255	80	31.37%	2	0.78%	154	60.39%	0	0.00%	19	7.45%
IRON	48	25	52.08%	3	6.25%	18	37.50%	0	0.00%	2	4.17%
MADISON	70	22	31.43%	1	1.43%	40	57.14%	0	0.00%	7	10.00%
MISSISSIPPI	117	63	53.85%	0	0.00%	47	40.17%	0	0.00%	7	5.98%
NEW MADRID	118	66	55.93%	0	0.00%	43	36.44%	0	0.00%	9	7.63%
PEMISCOT	113	64	56.64%	0	0.00%	39	34.51%	0	0.00%	10	8.85%
PERRY	63	11	17.46%	2	3.17%	49	77.88%	0	0.00%	1	1.59%
REYNOLDS	30	9	30.00%	0	0.00%	17	56.67%	0	0.00%	4	13.33%
RIPLEY	67	27	40.30%	3	4.48%	34	50.75%	0	0.00%	3	4.48%
ST FRANCOIS	415	191	46.02%	9	2.17%	183	44.10%	0	0.00%	32	7.71%
STE GENEVIEVE	71	28	39.44%	1	1.41%	35	49.30%	0	0.00%	7	9.86%
SCOTT	248	136	54.84%	2	0.81%	99	39.92%	1	0.40%	10	4.03%
STODDARD	210	91	43.33%	4	1.90%	93	44.29%	0	0.00%	22	10.48%
WAYNE	60	25	41.67%	0	0.00%	35	58.33%	0	0.00%	0	0.00%
REG 2 TOTAL	2,531	1,109	43.82%	33	1.30%	1,197	47.29%	1	0.04%	191	7.55%
BATES	62	20	32.26%	0	0.00%	35	56.45%	0	0.00%	7	11.29%
BENTON	135	67	49.63%	0	0.00%	62	45.93%	1	0.74%	5	3.70%
CARROLL	49	27	55.10%	0	0.00%	19	38.78%	0	0.00%	3	5.00%
CEDAR	93	46	49.46%	0	0.00%	45	48.39%	0	0.00%	2	2.15%
CHARITON	67	13	19.40%	2	2.99%	46	68.66%	0	0.00%	6	8.96%

County	Total Referrals	In-Home Services		RCF-PC		Nursing Facility		NF Short-Term		No Services/Other	
		#	%	#	%	#	%	#	%	#	%
HENRY	129	51	39.53%	2	1.55%	66	51.16%	0	0.00%	10	7.75%
HICKORY	66	33	50.00%	0	0.00%	31	46.97%	0	0.00%	2	3.03%
JOHNSON	133	67	50.38%	0	0.00%	64	48.12%	0	0.00%	2	1.50%
LAFAYETTE	117	38	32.48%	0	0.00%	76	64.96%	0	0.00%	3	2.56%
PETTIS	246	105	42.68%	1	0.41%	130	52.85%	0	0.00%	10	4.07%
ST. CLAIR	60	27	45.00%	0	0.00%	30	50.00%	0	0.00%	3	5.00%
SALINE	160	81	50.63%	0	0.00%	75	46.88%	0	0.00%	4	2.50%
VERNON	113	27	23.89%	1	0.88%	80	70.80%	1	0.88%	4	3.54%
REG 3 TOTAL	1,430	602	42.10%	6	0.42%	759	53.08%	2	0.14%	61	4.27%
ANDREW	50	6	12.00%	0	0.00%	41	82.00%	0	0.00%	3	6.00
ATCHISON	37	4	10.81%	1	2.70%	27	72.97%	0	0.00%	5	13.51
BUCHANAN	492	200	40.65%	3	0.61%	217	44.11%	1	0.20%	71	14.43
CALDWELL	39	20	51.28%	0	0.00%	18	46.15%	0	0.00%	1	2.56
CLINTON	90	18	20.00%	0	0.00%	67	74.44%	0	0.00%	5	5.56
DAVISS	27	15	55.56%	0	0.00%	11	40.74%	0	0.00%	1	3.70
DEKALB	47	17	36.17%	2	4.26%	27	57.45%	0	0.00%	1	2.13
GENTRY	54	12	22.22%	0	0.00%	30	55.56%	0	0.00%	12	22.22
GRUNDY	54	27	50.00%	0	0.00%	26	48.15%	0	0.00%	1	1.85
HARRISON	52	10	19.23%	0	0.00%	41	78.85%	0	0.00%	1	1.92
HOLT	24	4	16.67%	0	0.00%	17	70.83%	0	0.00%	3	12.50
LINN	89	42	47.19%	0	0.00%	44	49.44%	0	0.00%	3	3.37
LIVINGSTON	88	35	39.77%	1	1.14%	48	54.55%	0	0.00%	4	4.55
MERCER	38	25	65.79%	4	10.53%	7	18.42%	0	0.00%	2	5.26
NODAWAY	67	20	29.85%	0	0.00%	44	65.67%	0	0.00%	3	4.48
PUTNAM	34	18	52.94%	0	00.00%	15	44.12%	0	0.00%	1	2.94
SULLIVAN	43	27	62.79%	1	2.33%	12	27.91%	0	0.00%	3	6.98
WORTH	13	7	53.85%	1	7.69%	5	38.46%	0	0.00%	0	7.22
REG 4 TOTAL	1,338	507	37.89%	13	0.97%	697	52.09%	1	0.07%	120	6.74%
ADAIR	164	76	46.34%	2	1.22%	55	33.54%	5	3.05%	26	15.85%
CLARK	41	23	56.10%	0	0.00%	17	41.46%	0	0.00%	1	2.44%
KNOX	37	21	56.76%	0	0.00%	14	37.84%	1	2.70%	1	2.70%
LEWIS	91	35	38.46%	0	0.00%	49	53.85%	0	0.00%	7	7.69%
LINCOLN	140	63	45.00%	0	0.00%	65	46.43%	0	0.00%	12	8.57%
MACON	64	19	29.69%	1	1.56%	42	65.63%	0	0.00%	2	3.13%
MARION	239	101	42.26%	0	0.00%	129	53.97%	0	0.00%	9	3.77%
MONROE	27	13	48.15%	0	0.00%	14	51.85%	0	0.00%	0	0.00%
MONTGOMERY	70	5	7.14%	0	0.00%	64	91.43%	0	0.00%	1	1.43%
PIKE	97	54	55.67%	0	0.00%	41	42.27%	0	0.00%	2	2.06%
RALLS	36	15	41.67%	0	0.00%	18	50.00%	0	0.00%	3	8.33%
RANDOLPH	159	72	45.28%	1	0.63%	72	45.28%	0	0.00%	14	8.81%
SCHUYLER	43	8	18.60%	0	0.00%	35	81.40%	0	0.00%	0	0.00%
SCOTLAND	18	8	68.00%	0	0.00%	8	32.00%	0	0.00%	2	
SHELBY	35	11	31.42%	0	0.00%	21	0.00%	0	0.00%	3	
WARREN	46	21	45.65%	1	2.17%	20	43.48%	0	0.00%	4	8.70%
REG 5 TOTAL	1,307	545	41.69%	5	0.38%	664	50.80%	6	0.45%	87	6.65%

County	Total Referrals	In-Home Services		RCF-PC		Nursing Facility		NF Short-Term		No Services/Other	
		#	%	#	%	#	%	#	%	#	%
AUDRAIN	94	41	43.62	0	0.00	53	56.38%	0	0.00	0	0.00
BOONE	334	157	47.01	0	0.00	164	49.10%	0	0.00	13	3.89
CALLAWAY	94	39	41.49	2	2.13	47	50.00%	0	0.00	6	6.38
CAMDEN	84	11	13.10	0	0.00	65	77.38%	1	1.19	7	8.33
COLE	175	43	24.57	0	0.00	113	64.57%	2	1.14	17	9.71
COOPER	56	10	17.86	0	0.00	45	80.36%	0	0.00	1	1.79
CRAWFORD	133	40	30.08	0	0.00	79	59.40%	0	0.00	14	10.53
DENT	79	35	44.30	2	2.53	38	48.10%	0	0.00	4	5.06
GASCONADE	55	7	12.73	0	0.00	46	83.64%	0	0.00	2	3.64
HOWARD	78	50	64.10	1	1.28	24	30.77%	0	0.00	3	3.85
LACLEDE	118	34	28.81	0	0.00	68	57.63%	0	0.00	16	13.56
MARIES	13	8	61.54	0	0.00	4	30.77%	0	0.00	1	7.69
MILLER	69	14	20.29	1	1.45	49	71.01%	0	0.00	5	7.25
MONITEAU	42	11	26.19	0	0.00	28	66.67%	0	0.00	3	7.14
MORGAN	80	26	32.50	3	3.75	46	57.50%	0	0.00	5	6.25
OSAGE	30	6	20.00	0	0.00	22	73.33%	0	0.00	2	6.67
PHELPS	124	20	16.13	0	0.00	91	73.39%	0	0.00	13	10.48
PULASKI	70	11	15.71	0	0.00	53	75.71%	2	2.86	4	5.71
WASHINGTON	97	47	48.45	0	0.00	43	44.33%	0	0.00	7	7.22
REG 6 TOTAL	1,825	610	33.42%	9	0.50%	1,078	59.07%	5	0.27%	123	6.74%
CASS	223	44	19.73%	0	0.00%	168	75.34%	0	0.00%	11	4.93%
CLAY	400	106	26.50%	0	0.00%	281	70.25%	0	0.00%	13	3.25%
JACKSON	2,733	901	32.97%	5	0.18%	1546	56.57%	1	0.04%	280	10.25%
PLATTE	173	46	26.59%	1	0.58%	116	67.05%	0	0.00%	10	5.78%
RAY	99	52	52.53%	0	0.00%	47	47.47%	0	0.00%	0	0.00%
REG 7 TOTAL	3,628	1,149	31.67%	6	0.17%	2,158	59.48%	1	0.03%	314	8.65%
FRANKLIN	260	44	16.92%	2	0.77%	192	73.85%	0	0.00%	22	8.46%
JEFFERSON	502	168	33.47%	0	0.00%	309	61.55%	0	0.00%	25	4.98%
ST. CHARLES	306	69	22.55%	0	0.00%	222	72.55%	0	0.00%	15	4.90%
ST. LOUIS CO	2,377	346	14.56%	2	0.08%	1,853	77.96%	1	0.04%	175	7.36%
REG 8 TOTAL	3,445	627	18.20%	4	0.12%	2,576	74.78%	1	0.03%	237	6.88%
ST. LOUIS CITY	1658	466	28.11%	2	0.12%	1,082	65.26%	0	0.00%	108	6.51%
REG 9 TOTAL	1658	466	28.11%	2	0.12%	1,082	65.78%	0	0.00%	108	6.57%
BARTON	27	4	14.81%	0	0.00%	20	74.07%	0	0.00%	3	11.11%
JASPER	469	125	26.65%	4	0.85%	299	63.75%	0	0.00%	41	8.74%
MCDONALD	54	13	24.07%	0	0.00%	36	66.67%	0	0.00%	5	9.26%
NEWTON	206	17	8.25%	1	0.49%	174	84.47%	3	1.46%	11	5.34%
REG 10 TOTAL	756	159	21.03%	5	0.66%	529	69.97%	3	0.40%	60	7.94%
STATE TOTAL	20,435	6,419	31.41%	104	0.51%	12,395	60.66%	31	0.15%	1,486	7.27%

Missouri's Family Caregiver Support Program

The Family Caregiver Support Program is a relatively new program established by the enactment of the Older Americans Act Amendments of 2000. The program establishes an infrastructure of program resources and assistance to family caregivers. States, Area Agencies on Aging (AAAs), and local community service providers work together to provide support and services to family caregivers.

The five areas of services allowed under the program include:

- **Information** to caregivers about available services;
- **Assistance** to caregivers in gaining access to supportive services;
- **Individual** counseling, organization of support groups, and caregiver training to caregivers to assist in making decisions and solving problems relating to their care giving roles;
- **Respite care** (which can include adult day care) to enable caregivers to be temporarily relieved from their care giving roles; and
- **Supplemental services**, on a limited basis, to complement the care provided by caregivers. These services may include: home adaptation/modification such as ramps, lift chairs, grab bars, assistive devices, nutritional supplements, incontinence supplies, door alarms or locks, home appliances, etc.

Eligible Populations:

- Family Caregivers of older adults who are 60 years of age and older; and
- Grandparents and relatives who are age 60 and over who are caregivers of children not more than 18 years (including grandparents who are sole caregivers of grandchildren and those individuals who are affected by mental retardation or who have developmental disabilities).

Priority is given to:

- Persons in greatest social and economic need with particular attention to low-income, minority individuals.

Who to Contact for Help:

For assistance or information about the Family Caregiver Support Program in your area, you may contact your local Area Agency on Aging. To locate your area agency in Missouri, please call 800-235-5503. For assistance in locating an area agency or Family Caregiver Support Program nationally, you may call the ElderCare Locator at 800-677-1116.

**Area Agencies on Aging
Serving Missouri Seniors Through Funding Provided Under
The Older Americans Act**

Units of Service	FY98	FY99	FY00	FY01	FY02
Transportation	1,204,690	1,154,194	1,165,470	993,472	963,058
Information and Assistance	141,753	82,154	100,745	118,096	109,728
Homemaker/Personal Care	171,691	173,138	162,943	162,623	146,561
Respite Care	47,806	49,279	34,936	32,340	30,658
Adult Day Health Care	7,724	8,014	7,830	10,918	40,902
Legal Services	8,477	7,687	7,995	8,405	10,406
Older Worker Program (Persons)	305	303	302	303	303
Congregate Meals (Senior Centers)	3,486,333	3,504,337	3,524,225	3,290,318	3,288,983
Home Delivered Meals	4,347,456	5,156,597	5,949,088	5,861,702	5,807,902
Health Promotion, Disease Prevention	169,865	86,703	80,681	79,176	110,057
AAAs Monitored On-site Annually	5	5	5	5	5

Similar Services Funded Through the Family Caregiver Support Program

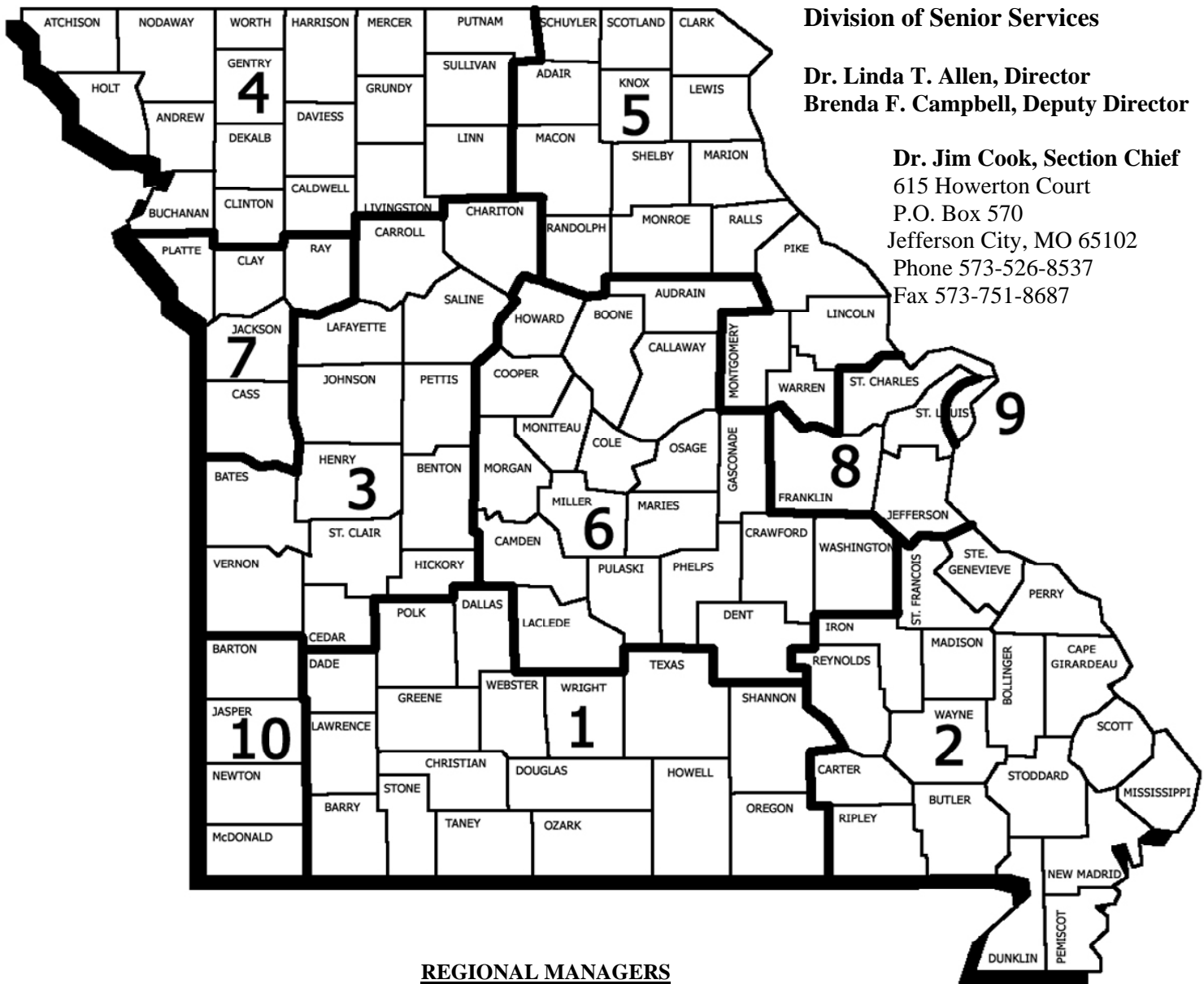
Service Title	FY02 Units of Service	FY02 Persons Served
Respite, and GAP Respite	56,609.00	654
Day Care	28,564.00	117
Information and Assistance	10,843.00	2,766
Case Management, Counseling, Individual, Support, Grp Counseling	6,125.00	2,539
Education, Outreach, Public Ed, Info, Training, Needs Assessment/Survey	1,856.00	13,325
Durable Medical Supplies, Equipment, Assistive Technology	1,151.00	839
Transportation	584.00	49
Flu Shots, Nutritional Supplements	380.00	174
Legal	32.00	31
All Other Services	55.24	37

Appendix K

Division of Senior Services

Dr. Linda T. Allen, Director
Brenda F. Campbell, Deputy Director

Dr. Jim Cook, Section Chief
 615 Howerton Court
 P.O. Box 570
 Jefferson City, MO 65102
 Phone 573-526-8537
 Fax 573-751-8687



REGIONAL MANAGERS

Region 1-10

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 1721 W. Elfindale, Suite 207
 Springfield, MO 65807
 417-895-6456
 FAX 417-895-1341
 E-Mail: aldejbo@dssda.state.mo.us

Region 3-7

Kathie Moore
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 615 East 13th St.
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 (FAX) 816-889-2004
 E-Mail: moorjmr@dssda.state.mo.us

Region 5 – Cindy Hufstedler

Region 6 – Thelda Linkey

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 130 S. Frederick Street
 Cape Girardeau, MO 63703
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Region 4

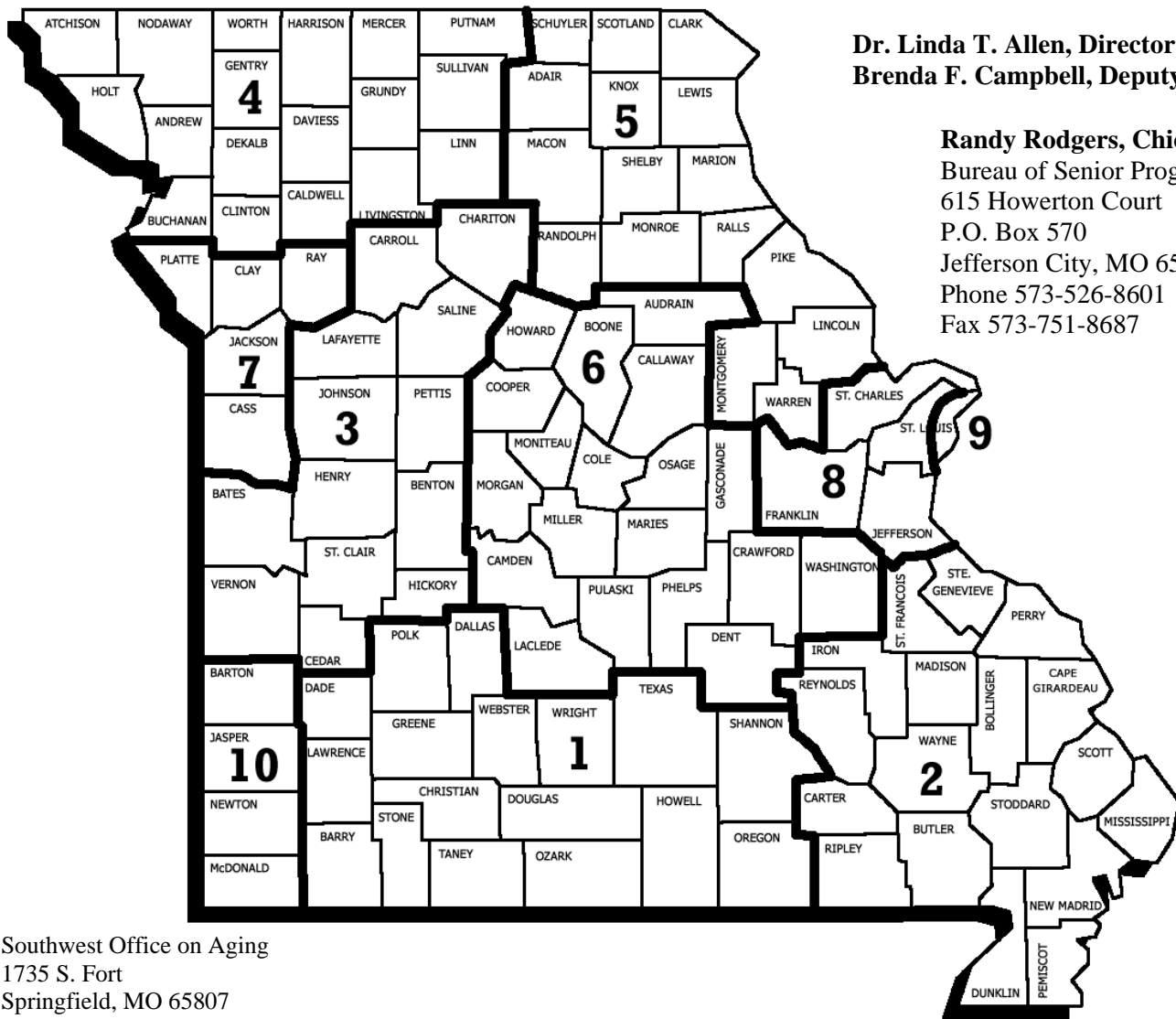
Steve Hurt
 525 Jules St., Room 319
 St. Joseph, MO 64501
 816-387-2100
 FAX 816-387-2110
 E-Mail: hurthew@dssda.state.mo.us

Region 8-9

Mike Nickel
 111 North 7th Street, 4th Floor
 St. Louis, MO 63101
 314-340-7300
 FAX 314-340-7941
 E-Mail: nickhxe@dssda.state.mo.us

Appendix L

Missouri Information & Assistance Network (Operated through Area Agency on Aging Offices)



Dr. Linda T. Allen, Director
Brenda F. Campbell, Deputy Director

Randy Rodgers, Chief
 Bureau of Senior Programs
 615 Howerton Court
 P.O. Box 570
 Jefferson City, MO 65102
 Phone 573-526-8601
 Fax 573-751-8687

1. Southwest Office on Aging
1735 S. Fort
Springfield, MO 65807
(417) 862-0762 in Springfield or
1-800-497-0822
2. Southeast MO AAA
1219 N. Kingshighway, Suite 100
Cape Girardeau, MO 63701
(573) 335-3331 – In Cape Girardeau, or
1-800-392-8771
3. District III AAA
106 W. Young St., Box 1078
Warrensburg, MO 64093
(660) 747-3107 – In Warrensburg, or
1-800-886-4699
4. Northwest MO AAA
PO Box 265
Albany, MO 64402
(660) 726-3800 – In Albany, or
1-888-844-5626
5. Northeast MO AAA
815 N. Osteopathy
Kirksville, MO 63501
(660) 665-4682 – In Kirksville, or
1-800-664-6338
6. Central MO AAA
1121 Business Loop 70 E. Suite 2A
Columbia, MO 65201
(573) 443-5823 – In Columbia, or
1-800-369-5211
7. Mid-America Regional Council
300 Rivergate Ctr., 600 Broadway
Kansas City, MO 64105-9990
(816) 474-4240 – In Kansas City, or
1-800-593-7948
8. Mid-East MO AAA
14535 Manchester
Manchester, MO 63011-3960
(636) 207-0847 – In St. Louis Co, or
1-800-243-6060 in Jefferson, Franklin,
or St. Charles Counties
9. St. Louis AAA
634 North Grand, 7th Floor
St. Louis, MO 63103
(314) 612-5918
10. Region X AAA
1710 E. 32nd, Box 3990
Joplin, MO 64803
(417) 781-7562
For I&A call The Advantage Point
(417) 627-0600